



ISIR # _____

NOTICE OF INTENT TO SEEK INJUNCTIVE RELIEF

Owner/Person in Charge: _____ Phone Number: _____

Facility Name: _____

Address: _____
(Street) (City) (Zip)

PURSUANT TO THE WASHINGTON CLEAN INDOOR AIR ACT, RCW § 70.160 *et seq.*,
YOU ARE HEREBY NOTIFIED THAT SPOKANE REGIONAL HEALTH DISTRICT
INTENDS TO SEEK INJUNCTIVE RELIEF AGAINST YOU BASED ON REPEATED
VIOLATIONS OF THE WASHINGTON CLEAN INDOOR AIR ACT.

Date(s) Warning Issued: _____

Date(s) Official Notice of Corrective Action Issued: _____

Date(s) Notice of Intent to Seek Injunctive Relief Issued: _____

Current Violation(s):

_____ Failure to prohibit smoking in a public place or place of employment.

_____ Failure to post signs prohibiting smoking at each building entrance and/or at prominent locations within the building (retail).

_____ Failure to prohibit smoking within the presumptively reasonable minimum distance outside the facility.

Based on the current violation, you are being assessed a civil penalty in the amount of
\$ _____ in addition to any previously assessed civil penalties.

Due to the above noted violations, you will be subject to a follow-up reinspection within 10 calendar days at a fee of \$225.00 in addition to the commencement of legal action for injunctive relief. You will be invoiced for all fees and fines.

Signature of Owner/Person in Charge

Signature of Health Authority

Print Name

Print Name

Division

Date/Time: _____